

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107310881 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	12					
4	1					
5	1					
6	④1					
7	14					
8	④1					
9	10					
10	④6					
11	10					
12	④1					
13	10					
14	④1					
15	10					
16	④1					
17	10					
18	1④					
19	10					
20	④1					
21	1④					
22	④1					
23	1④					
24	④1					
25	④1					
26	④1					
27	10					
28	11					
29						
30						
31						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	26					
TOTAL CLAIMS	28					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS